

The Wisconsin BadgerCare Plus HMO Program Guide



BadgerCare Plus is Wisconsin's health care program that has been streamlined to provide affordable access to health care for 98% of the State's citizens. The program provides access to health care coverage to many children and pregnant women.

Department of Health Services
Division of Health Care Access and Accountability

[English]

For help to translate or understand this document, please call
1-800-291-2002.

[Español]

Si necesita ayuda para traducir o entender este texto, por favor llame al
teléfono 1-800-291-2002.

[Russian]

Если вам не всё понятно в этом документе, позвоните по телефону
1-800-291-2002.

[Hmong]

Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau 1-
800-291-2002.

[Hearing Impaired]

For help to understand this document, please call
TDD/TTY 1-800-291-2002.

Identification Cards for the BadgerCare Plus HMO Program

Each person who is enrolled in BadgerCare Plus is issued a ForwardHealth card. Show your ForwardHealth card each time you receive health care services.



Enrollment in an HMO

One of the many benefits of the BadgerCare Plus program is the opportunity to enroll into a Wisconsin BadgerCare Plus Health Maintenance Organization (HMO). Families with children who receive their health care through the Wisconsin BadgerCare Plus program are enrolled in an HMO.

Most families must enroll in an HMO. Where there are two or more HMOs available to you and your family, you will have a choice of which HMO to enroll in.

The letter in this packet tells you if you must choose an HMO. If you are not sure if you must choose an HMO, call the **Enrollment Specialist at 1-800-291-2002.**

Benefits of an HMO

A primary care provider or primary care clinic of your choice will help you manage your family's health care needs.

HMOs provide health care 24 hours a day, seven days a week. Some HMOs provide all your health care in one location.

BadgerCare Plus Plans

BadgerCare Plus has two benefit plans, the *Standard Plan* and the *Benchmark Plan*.

- *Standard Plan* - Covers children, parents and caretaker relatives, young adults aging out of foster care, and pregnant women with incomes at or below 200% of the Federal Poverty Level (FPL). There are nominal copayments under the Standard Plan.
- *Benchmark Plan* - Covers children and pregnant women with incomes above 200% of the FPL and certain self-employed parents, and other caretaker relatives (grandparents, aunts/uncles, taking care of a child when the parent is not living with the child). There are copayments and premiums under the Benchmark Plan.

The **Enrollment Specialist at 1-800-291-2002** can tell you if you are enrolled in the *Standard Plan* or the *Benchmark Plan*.

BadgerCare Plus Services Covered by Your HMO

Standard Plan:

The *Standard Plan* services your HMO will cover include the services listed below, if the services are medically necessary. Some additional services such as prescription drugs are covered by Wisconsin BadgerCare Plus, not your HMO.

- Doctor visits
- Hospital care
- Outpatient and emergency care

- Laboratory and X-ray services
- Prenatal care
- Eye care, including eye glasses
- Medical equipment
- Mental health services
- Substance abuse (alcohol and other drug abuse) services
- Family planning services
- Personal care services
- Physical and occupational therapy
- Speech, hearing and language disorder services
- Dental care in Kenosha, Milwaukee, Racine and Waukesha counties (dental care in other counties is covered by Wisconsin BadgerCare Plus, not your HMO)

You may be asked to make small copayments (part of the cost) for some *Standard Plan* services. Call the **Enrollment Specialist at 1-800-291-2002** to find out which HMOs charge copayments for these *Standard Plan* services.

Benchmark Plan:

The *Benchmark Plan* services your HMO will cover include the services listed below, if the services are medically necessary. Some additional services such as generic prescription drugs are covered by Wisconsin BadgerCare Plus, not your HMO.

- Doctor visits
- Hospital care (inpatient and outpatient including emergency care)
- Prenatal and maternity care
- Family planning services
- Medical equipment
- Mental health and substance abuse services
- Physical, occupational and speech therapy
- Vision care
- Dental care in Kenosha, Milwaukee, Racine and Waukesha counties (dental care in other counties is covered by Wisconsin BadgerCare Plus, not your HMO)

Some services covered under the *Benchmark Plan* have service limits. Your HMO will provide coverage only up to those limits. Call the **Enrollment Specialist at 1-800-291-2002** for more information about service limits in the *Benchmark Plan*.

Benchmark Plan members are responsible for copayments (part of the cost) for some services. All the BadgerCare Plus HMOs charge copayments for these services if you are enrolled in the *Benchmark Plan*.

Special Information about Family Planning Services for the Standard Plan and the Benchmark Plan

Federal law allows members to choose their provider, including physicians and family planning clinics, for family planning services and supplies. Therefore, you can go to any family planning clinic that will accept your ForwardHealth card, even if the clinic is not part of your HMO.

How do you choose your HMO?

The HMO your health care providers accept could be the one for you! Your health care providers may not all belong to one HMO. You then need to decide which provider is most important to you.

Your health care providers may include your:

- Primary care provider
- Specialty doctor
- Mental health provider
- Hospital

Other things to consider are:

- What hours are the doctors, clinics, and other providers open that belong to that HMO?
- Do any of them have evening hours?
- Do you have other health insurance? You will be expected to see health care providers who accept your other insurance as well as your HMO.

Get in Touch!



Need help? Call the **Enrollment Specialist at 1-800-291-2002!** The Enrollment Specialist can:

- Find out if your doctor, hospital, or clinic belongs to an HMO, and if so, which one.
- Help you select an HMO over the telephone or help you fill out an HMO Enrollment Choice form that you can mail.
- Answer your questions about how the HMO works.

How to Enroll in the HMO

- You can fill out, sign, and mail the Enrollment Choice Form found in this packet.
- You can call the **Enrollment Specialist at 1-800-291-2002** to give your choice of HMO over the telephone.
- You can meet with the Enrollment Specialist face-to-face. Call **1-800-291-2002** for details.

What Happens After I am Enrolled in the HMO?

You will get a membership packet that will tell you more. The membership packet lists the doctors, hospitals, and clinics that belong to your health plan. It will also explain the services your HMO provides. Once you are enrolled in an HMO, call the HMO to:

- Find out the services your HMO provides.
- Find out the doctors and clinics you can use.
- Pick or change your family's primary care provider.

You must see doctors and other providers who belong to your HMO unless you have an approved referral from your HMO or you have a medical emergency.

If you are not satisfied with the services, doctors, hospitals, or clinics provided by your HMO, call the **Enrollment Specialist at 1-800-291-2002**. The Enrollment Specialist can help you take the next step.

What if you forget to choose an HMO?



If you do not choose an HMO, one may be chosen for you. You will receive a notice in the mail telling you which HMO was chosen for you and your family. Call the **Enrollment Specialist at 1-800-291-2002** right away if you want to choose a different HMO.

What if I am not happy with my HMO?

If you are not happy with the HMO you joined, you can change your HMO during the first three months of your enrollment. This is called “open enrollment.”

When your open enrollment period is over, you cannot change your HMO for nine more months. This is called a “lock-in” period. You will be sent a letter telling you when your lock-in period will end. When your lock-in period has ended, you may change to a different HMO if available.

The Enrollment Specialist can help you:

- Decide if you should change your HMO.
- Change your HMO over the telephone.
- Delay your enrollment or get permission not to join an HMO if you meet certain requirements.

You Have Rights!

As a member of an HMO in Wisconsin, you have important rights:

- You have the right to information about your HMO and how it works.
- You have the right to ask questions and to file complaints and grievances.
- You have the right to fair treatment.

Assistance for People with Disabilities

People with disabilities have the right to receive assistance. The health care providers in your HMO must assist people with disabilities. The Americans with Disabilities Act (ADA) guarantees this right. This means the doctor's office or hospital must be easy to enter and exit.

Assistance for People Who Are Deaf or Hard of Hearing

The health care providers in your HMO must provide interpreter services for people who are deaf or hard of hearing.

Assistance for People Who Speak Different Languages

The health care providers in your HMO must provide interpreter services for people who speak different languages.

Assistance for People Who Are Blind or Visually Impaired

If you are blind or visually impaired, you can get a copy of the HMO's member handbook and other information in Braille, on audiotope or CD.

You Have Responsibilities

To get the best health care, you have to be responsible for:

- Telling the doctors and nurses how you feel.
- Getting medical care when you need it.
- Taking your medications and following the doctors' advice.
- Following the HMO's rules for getting health services.
- Keeping the appointments you make.
- Asking your doctor, HMO, or care coordinator questions.
- Telling your HMO what you think so that they can help you get the best health care.

If You Have Problems or Questions

If you have questions or problems about your doctor, your health care, or your HMO we want you to know what to do.

There are people who will help you get the health care you need. There are also many ways to solve problems and answer questions. Examples of problems and questions:

- You are refused care.
- You are unable to get an appointment.
- You are unable to see the doctor of your choice or a specialty doctor.
- You are unable to find someone who speaks your language.
- You are unhappy with the health care provider's attitude.
- You do not get help when you call the HMO's 800 number.
- You are denied medically necessary equipment or services.
- You get a bill your HMO should pay.

If these questions or problems happen to you, you can make things better.

Who to Call for Help

- Call your HMO and ask to speak to the Member Advocate.
- Call the BadgerCare Plus Ombudsman at 1-800-760-0001.
- Call the Enrollment Specialist at 1-800-291-2002.

Visit BadgerCare Plus Online

For more detailed information about BadgerCare Plus services, copayments and service limitations, you can view the Enrollment and Benefits Handbook, publication number P-10167, at:

<http://dhs.wisconsin.gov/em/customerhelp/badgercare.htm>

